



Occupational and Business Licensing  
555 Wright Way  
Carson City, Nevada 89711  
(775) 684-4690

### BOND REDUCTION REQUEST

*The current principals must have continuously owned the business for the preceding five (5) years or longer, and be in good standing in order to qualify for a bond reduction.*

Name \_\_\_\_\_ Business License No \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No \_\_\_\_\_

Name and title of each principal:

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Business License was issued by the Department on \_\_\_\_\_  
(Month / Day / Year)

Current bond amount: \$ \_\_\_\_\_, requesting bond amount to be reduced to: \$ \_\_\_\_\_

*I certify the above information to be true and correct.*

\_\_\_\_\_  
Principal's Name (Print) Title

\_\_\_\_\_  
Principal's Signature Date

☐ Approved, reduced to \$ \_\_\_\_\_ ☐ Denied, reason \_\_\_\_\_

\_\_\_\_\_  
Reviewed By Date